

# THERMAL COMFORT DIARY

This diary is used to record your thermal comfort over the course of one week. Please answer each of the questions below by ticking one of the options provided. If you are away from the house during a time period please indicate this in the location box.

Name:				Week beginning: / / 2013								
	<b>Monday</b>			<b>Tuesday</b>			<b>Wednesday</b>			<b>Thursday</b>		
	Morn	Aft	Eve	Morn	Aft	Eve	Morn	Aft	Eve	Morn	Aft	Eve
<b>LOCATION</b> <i>(room you are in at time of completing form)</i>												
<b>1. COMFORT</b> How do you feel at this time? <i>(please indicate with tick or 'x')</i>												
Much too cool												
Too cool												
Comfortably cool												
Comfortably neither warm nor cool												
Comfortably warm												
Too warm												
Much too warm												
<b>2.</b> You would prefer to be: <i>(please indicate with tick or 'x')</i>												
Much warmer												
A bit warmer												
No change												
A bit cooler												
Much cooler												
<b>3.</b> At this time, how would you rate your overall comfort? consider temperature, humidity, air quality <i>(please indicate with tick or 'x')</i>												
Very uncomfortable												
Moderately uncomfortable												
Slightly uncomfortable												
Acceptable												
Slightly comfortable												
Moderately comfortable												
Very comfortable												
<b>4. ACTIVITY LEVELS</b> What have you been doing in the last hour? <i>(tick all that apply)</i>												
Sitting (passive)												
Sitting (active)												
Standing (passive)												
Standing (active)												
Walking (indoors)												
Walking (outdoors)												
<b>5. CLOTHING</b> At this time, what layers of clothing are you wearing? <i>(tick all that apply)</i>												
Short sleeve shirt or top												
Long sleeve shirt or top												
Vest												
T-shirt												
Long-sleeved sweater/cardigan												
Sleeved robe/dressing gown												
Jacket/coat												
Trousers/long skirt												
Shorts/short skirt												
Dress												
Leggings												
Tights												
Socks												
Shoes												
Slippers												
Sandals/flipflops												
Other (please describe):												
<b>6. CONTROLS</b> <i>(tick all that apply; in case of doors, windows and extracts please note number of opened/in use)</i>												
Internal doors open												
External doors open												
Window open												
Blind down												
Curtain closed												
Localised light on												
General heating on												
Localised heater on												
Air conditioning on												
Fan on												
Extract on												

*Please turn over to complete Friday, Saturday and Sunday*



# THERMAL COMFORT DIARY

	Friday			Saturday			Sunday		
	Morn	Aft	Eve	Morn	Aft	Eve	Morn	Aft	Eve
<b>LOCATION</b> <i>(room you are in at time of completing form)</i>									
<b>1. COMFORT</b> How do you feel at this time? <i>(please indicate with tick or 'x')</i>									
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Too cool									
Comfortably cool									
Comfortably neither warm nor cool									
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Too warm									
Much too warm									
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No change									
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Tights									
Socks									
Shoes									
Slippers									
Sandals/flipflops									
Other (please describe):									
<b>6. CONTROLS</b> <i>(tick all that apply; in case of doors, windows and extracts please note number of opened/in use)</i>									
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External doors open									
Window open									
Blind down									
Curtain closed									
Localised light on									
General heating on									
Localised heater on									
Air conditioning on									
Fan on									
Extract on									
Total number of internal doors (open & closed in house):									
Total number of external doors (open & closed in house):									
Total number of extract fans in house:									

